#### INSTRUCTIONS AND INFORMATION

Access this form via website at: www.hawaii.gov/dcca/pvl

## REQUIREMENTS FOR LICENSE - MOTOR VEHICLE MANUFACTURER AND DISTRIBUTOR

Completing the Application:

Type or print legibly in black ink, providing the requested information.

- 1. Indicate the type of entity that is applying for the license. Mark one only.
- The applicant's name must be exactly as registered with the Business Registration Division, Department of Commerce and Consumer Affairs.
- 3. If a trade name is used, the trade name must first be registered with the Business Registration Division.
- 4. Provide the physical location of the applicant's place of business.
- 5. Provide a mailing address if different than the applicant's place of business.
- 6. Provide the telephone number of the applicant's place of business.
- 7. You must answer ALL questions. If there are any unanswered questions, a deficiency notice will be issued and further review of the application will be suspended until a response is received. If there are any "Yes" answers to questions (1) through (6), refer to the section on Yes answers below.
- 8. Provide the names, addresses and phone numbers of officers and directors of a corporation, partners of a partnership or LLP, and manager and members of an LLC. Attach a separate sheet if necessary.
- 9. The application must be certified by an officer of a corporation, general partner of a partnership or LLP, or manager or member of an LLC. An officer of a corporation, general partner of a partnership or LLP, or manager or member of an LLC, shall certify that the information provided it is true and correct by signing the application.

### Submit the Following with the Application:

ENTITY REGISTRATION: Corporation/ Partnership, LLC or LLP We will require the following proof to show that the entity is properly registered with the Business Registration Division (BREG), Department of Commerce and Consumer Affairs, State of Hawaii, P.O. Box 40, Honolulu, Hawaii, 96810. Call (808) 586-2727, or visit <a href="www.hawaii.gov/dcca/breg-seu">www.hawaii.gov/dcca/breg-seu</a> to order Certificates of Good Standing, forms, etc.

If the entity has been registered in this State for LESS THAN one (1) year, <u>ATTACH</u> a "filed-stamped" copy of the document filed with BREG; or the same certificate mentioned below.

If the entity has been registered in this State for MORE THAN (1) year, **ATTACH** a current "Certificate of Good Standing" or "Certificate of Qualification" that was issued not more than 12 months ago.

#### TRADE NAME

If you are planning to use a trade name, <u>submit</u> a filed-stamped copy of **current** trade name registration approved by the Business Registration Division of the Department of Commerce and Consumer Affairs.

## FINANCIAL STATEMENT

If the applicant is publicly traded, <u>submit</u> a current financial statement (not more than a year old) prepared and signed by a registered or certified public accountant holding a current permit to practice or an annual report. If accountant is licensed in another state, **provide copy of license**.

If the applicant is not publicly traded, submit a statement to this effect.

## FRANCHISE AGREEMENT

If applicant is a distributor, <u>attach</u> a copy of the executed agreement granting applicant the franchise to distribute motor vehicles in Hawaii as stated on the application.

If applicant is the manufacturer of the motor vehicles to be distributed, attach a certified statement to this effect.

## **FEES**

Make checks payable to COMMERCE & CONSUMER AFFAIRS.

## Manufacturer & Distributor

If applying between July 1, even-numbered year and June 30, odd-numbered year, pay ............\$1,050 +CRF\* (Non-refundable application fee-\$50 + License-\$500 + 1/2 Renewal-\$500 + CRF = \*\$500 for each dealer franchised by the manufacturer or distributor)

If applying between July 1, odd-numbered year and June 30, even-numbered year, pay .............\$ 550 + CRF\*\* (Non-refundable application fee-\$50 + License-\$500 + CRF = \*\*\$250 for each dealer franchised by the manufacturer or distributor)

#### FEES (Cont.)

**Note:** One of the numerous legal requirements that you must meet in order for your new license to be issued is the payment of fees as set forth in this application. You may be sent a license certificate before the check you sent us for your required fees clears your financial institution. If your check is returned to us unpaid, you will have failed to pay the required licensing fee and your license will not be valid, and you **may not** do business under that license. Also, a \$15.00 service fee will be charged for checks which are returned by the financial institution.

If for any reason you are denied the license you are applying for, you may be entitled to a hearing as provided by Title 16, Chapter 201, Hawaii Administrative Rules, and/or Chapter 91, Hawaii Revised Statutes. Your written request for a hearing must be directed to the agency that denied your application, and must be made within 60 days of notification that your application for a license has been denied.

#### **SUBMIT TO**

Mail the completed application and all required fees and documents to:

Deliver to office location:

Motor Vehicle Industry Licensing Board DCCA, PVL, Licensing Branch

335 Merchant St, Rm 301 Honolulu. Hawaii 96813

P. O. Box 3469 Honolulu, Hawaii 96801

Phone: (808) 586-3000

# REVIEW & APPROVAL

All applications must be reviewed and approved by the Motor Vehicle Industry Licensing Board. If your application is approved, the "Notice of Licensure" form will be mailed to you. If your application is required to be reviewed at a Board meeting, the processing time will be longer. The Board meets bi-monthly.

**LAWS & RULES** 

The laws and rules are posted on our website free of charge at: <a href="www.hawaii.gov/dcca/pvl">www.hawaii.gov/dcca/pvl</a>. Look under "Motor Vehicle Industry".

## Instructions for "Yes" Answers to Questions (1) through (6) of the Application for License (MOVE-07).

- A. The following documentation must be submitted with the license application. Applications for license will not be considered without this material.
  - 1) Questions (1) through (6) refer to complaints, charges of unlicensed activity, or pending disciplinary actions for any profession, occupation, or license, both motor vehicle and those other than motor vehicle. If your answer is "yes" to one or more of these questions, read paragraph "B" below, AND you must submit the following:
    - A statement signed by you explaining the circumstances; and
    - ii. Copies of any documents from the agency, including final orders, petitions, complaints, findings of fact and conclusions of law, and any other relevant documents;
  - 2) If your application indicates a criminal conviction, read paragraph "B" below, and you must submit the following:
    - A statement signed by you explaining the circumstances leading to the conviction and detailing all activities since the conviction, including employment and business involvements. Include job title, period of employment, employer's name, description of duties, training attended, and educational courses attended;
    - ii. A copy of the court order, verdict, and terms of sentence; and
    - iii. If applicable, a copy of the terms of probation and/or parole and a notarized statement from your probation or parole officer as to your compliance with the court orders;
  - 3) If you have any pending lawsuits, unpaid judgments, or any other type of involuntary liens against you, read paragraph "B" below, and you must submit the following:
    - i. A statement signed by you explaining the circumstances and current status, and if no payment or payment arrangement has been made, the reason; and
    - ii. Copies of the court complaint, judgment, documentation of payment arrangements, lien documents, records of any payments, and other relevant documents.
- B. If you answered "yes" to any of the questions from (1) through (6), your application will be reviewed at a Motor Vehicle Industry Licensing Board meeting if you have provided all applicable information and documents as described above. The Board will not review incomplete applications. If you wish to present oral testimony at the meeting, submit a written request with your application.

#### BIENNIAL RENEWAL

All licenses expire on June 30 of each even-numbered year and must be renewed by June 30, regardless of when the license was issued. License fees and renewal fees are not prorated.

#### **ABANDONMENT**

Your application shall be considered abandoned and shall be destroyed if you fail to provide evidence of continued efforts to complete the licensing process for two consecutive years; provided that the failure to provide evidence of continued efforts includes but is not limited to: (1) failure to submit the required documents and other information requested by the licensing authority within two consecutive years from the last date the documents and other information were requested, or (2) failure to provide the licensing authority with any written communication during two consecutive years indicating that you are attempting to complete the licensing process, including attempting to complete the examination requirement.

APPLICATION FOR LICENSE - MOTOR VEHICLE MANUFACTURER or DISTRIBUTOR					[ ] Complete application [ ] Fees [ ] Franchise Agreements x		[ ]F/S [ ]BREG [ ]Tradena	
Access this form via website at: www.hawaii.gov/dcca/pvl					Approved:		_ [ ]	01101110
See the "Instructions and Information" before completing this form					Date Eff.	Lic. N	lo	
Circle	the type of LICENSE for which you are applying:			+				
	Manufacturer Distributo	or						
T				BOARD USE ONLY				
туре	of Application (check one only):			) OS				
	CORPORATION PARTNERSHIP	∐ пс	∐ LLP	SOAF				
Nam	e of Applicant – As registered with Business Registrat	tion Division		FORE				
Trade Name, if used (Attach proof of current registration):								
Loca	tion of Place of Business (Include street address, suit	e no., city, state, & zip	code):					
					e, Address & Phone AL NOTICE MAY BE		n Hawaii upo	on whom
Maili	ng Address (ONLY if different from above):	Phone No. (Busine	ss)	-				
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mem that r	ver all questions. Circle the appropriate response. Questions the LLC, or to any partner of the partnership of the submitted with this application.	r LLP. If any respons	refer to the applice to questions 1 the	ant, to hrough	any officer or directo 6 is "Yes", refer to th			
(1)	Has an application for license ever been denied, sus or otherwise subject to disciplinary action, regardless		,		,		YES	NO
2) Have any complaints or charges ever been filed against you, regardless of outcome, with licensing							YES	NO
(3) Have any charges of unlicensed activity ever been filed against you, regardless of outcome, with the licensing authority of any jurisdiction?							YES	NO
(4) Are there any pending disciplinary actions in any jurisdiction against you?							YES	NO
(5) In the past twenty years, have you benn convicted of a crime in which the conviction has not been annulled or expunged?							YES	NO
(6) Are there any pending lawsuits, unpaid judgments, or any other type of involuntary liens ag					u?		YES	NO
(7) Is the corporation, partnership, LLC, LLP, or trade name properly filed with the Business Registration Division of Department of Commerce and Consumer Affairs?							YES	NO
(8)	Is the applicant now solvent?							
						\$50 \$500		
		CRF		367		\$250/500 x	=	
MOVE-07 0904R								

Ivallic	or Applicant						
	ufacturers: <u>List</u> each Hawaii motor vehicle dealer franchised by the earth the compliance resolution fund (CRF) fee manufacturers must pay is						
		Total dealers: _					
	e you enclosed a certified statement that the applicant is the manufacture the to be distributed in this State?		YES NO				
List	Make(s)	List Make(s)					
	butors: <u>List</u> each Hawaii motor vehicle dealer franchised by the dise: The compliance resolution fund (CRF) fee distributors must pay is based.						
		Total dealers: _					
	e you enclosed a copy of the executed agreement granting the distributor r vehicles in this State?		YES NO				
List	Make(s)	List Make(s)					
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o, or	Name/Title	Residence Address (not P.O. Box)	Phone No.				
RSHIF	President/Partner/Manager/Member						
PARTNERSHIP, or	Vice-President/Partner/Manager/Member						
FION, F	Secretary/Partner/Manager/Member						
CORPORATION,	Treasurer/Partner/Manager/Member						
COR	Director/Partner/Manager/Member						
	CFR	TIFICATION					
and fe l hereby statem	have read and understand the instructions, the laws and rules relatives.  understand that it is my responsibility to read the instructions thorey certify that the statements and answers on this application and account or material misstatement of fact shall constitute grounds for refusion 710-1017, HRS)	bughly and to file a complete application, including required accompanying documents are true and correct. I understand	documents and fees. that any false or untru				
Date							
_		ature of Officer, Partner, Manager or Member					
	ī	Print Name					